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CONFIRMATION NO. 6304

<b>SERIAL NUMBER</b> 10/758,781	<b>FILING OR 371(c) DATE</b> 01/15/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 12637/95
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/036,340 12/24/2001 PAT 6,708,064 which is a CIP of 09/511,842  
 02/24/2000 PAT 6,609,030  
 and is a CIP of 09/511,843 02/24/2000 PAT 6,418,344 *CHZ*  
 and is a CIP of 09/511,844 02/24/2000 ABN  
 and is a CIP of 09/511,845 02/24/2000 ABN  
 and is a CIP of 09/575,292 05/19/2000 ABN  
 and is a CIP of 09/575,293 05/19/2000 ABN  
 and is a CIP of 09/574,495 05/19/2000 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*No NE TEL*  
*2/3/07*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/20/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>Carl H. Layton</i> Initials <i>CHZ</i>				

## ADDRESS

23838

## TITLE

Modulation of the brain to affect psychiatric disorders

<b>FILING FEE RECEIVED</b> 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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